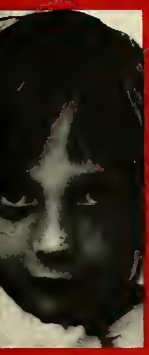
THE CHILDREN'S HOSPITAL MEDICAL CENTER 100TH ANNIVERSARY



ANNUAL REPORT 1969

THE CHILDREN'S HOSPITAL MEDICAL CENTER

comprising

THE CHILDREN'S HOSPITAL MEDICAL CENTER

SARAH FULLER FOUNDATION FOR LITTLE DEAF CHILDREN

THE SHARON SANATORIUM

CHILDREN'S CANCER RESEARCH FOUNDATION, INC.

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PARENTS' AND CHILDREN'S SERVICES OF THE CHILDREN'S MISSION

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Neurologist-in-Chief
M. Judah Folkman, M.D.
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Orthopedic Surgeon-in-Chief (Acting)
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Counsel
Arthur Anderson & Co.,
Auditors

REPORT OF THE PRESIDENT

When one contemplates the endless months it takes just to excavate the foundation of a research building, or experiences the seemingly interminable time an ad hoc committee needs to select a new Chief of Service, there is a temptation — almost a compulsion — to complain and to commiserate about "how long it takes to get things done these days."

Perhaps this is true, but a close, hard look at what The Children's Hospital is today and was ten years ago suggests otherwise. The past decade at Children's, in fact, may have seen one of the most rapid and complete changes in the hospital's history.

From a point of view of facilities, we are a totally different hospital. Creation of the Fegan Memorial Outpatient Center replaced hopelessly obsolete and inefficient areas of the hospital. Modifications to the Farley Building make it a far different structure than the original. The 300 Longwood Avenue Building has been extensively renovated to provide more effective housing for the Seizure Unit, Dental, Admitting, and other departments. There has been comparable renovation in the House of the Good Samaritan, and an intermin research building was erected in record time behind the Jimmy Fund Building.

Nor does the progress stop here. The new complex at Longwood and Brookline Avenues makes superior accommodations for nursing and house staffs, and The Children's Inn represents an imaginative new concept for the economical housing of patients and their families not requiring the intensive care facilities of the Farley Building.

Only the laboratory research areas—now scattered and inadequate—now require attention; a situation which will be corrected with completion of the new Basic Pediatric Sciences Building early next year.

When it comes to people, turnover and change are always taking place within our professional staff. Regrettably, time has finally begun to catch up with the titans who individually and collectively have guided our destiny for so much of the last twenty-five years.

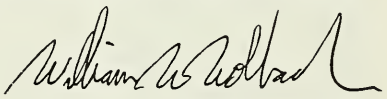
Dr. Green has retired as Orthopedic Surgeon-in-Chief. Judah Folkman is now head of the Department of Surgery as Dr. Gross has assumed leadership of the newly-created Cardiac Center. Charles Barlow now fills the relatively new Bronson Crothers Chair of Neurology. Time has similarly taken its toll in neurosurgery. Finally, ad hoc committees are working to fill the gaping vacancies that will be created when Sidney Farber and George Gardner retire at the end of the 1970 academic year.

Of those who led the way through the 50's and early 60's, only Charles Janeway remains unaffected.

The face of the Administrative Staff has similarly changed. Leonard Cronkhite has pulled together a group of highly competent professionals in their own fields to cope with the increasingly heavy administrative responsibilities change has wrought.

Facilities, people, and programs as well. The Clinical Research Center, hyperbaric oxygenation, new efforts in almost every department testify to the hospital's growth and development.

The last decade in the hospital's first century has been one of change, of that there can be no doubt. And change, perhaps now more than ever, is necessary to prepare us for our second hundred years.



William W. Wolbach
President

REPORT OF THE GENERAL DIRECTOR

During the calendar year in which this annual report is published— 1969 — The Children's Hospital Medical Center is celebrating its 100th Anniversary. This is a time not only of looking back to where we have been and from where we came, but also a time for looking forward to where we are going. It is a sometimes humbling exercise. Retrospection over a full century places the contributions of single individuals in more nearly proper perspective, and the chronicle of achievements merely serves to underline those many things yet to be done.

For the physician at the bedside of an ill child, the fact that Children's has existed for 99 years may or may not be significant. If the tools and techniques available to him are valuable in the care he renders to his patient, our longevity perhaps has significant impact. If, as so often is the case, he cannot effectively combat the illness threatening his patient, the fact that we approach a hundred years in age generates more sentiment than scientific pride. Stated another way, we must point out that despite extraordinary progress during the lifetime of the Hospital, we can cope successfully with only a portion of the many disorders which afflict children.

Institutions characteristically develop and mature in rather convulsive fashion. Periods of intense activity are followed by time for consolidation and further planning. With the completion of the Pediatric Science Building later this year, we will complete an eight year cycle of intense activity and change. We have never been more rich in depth of scientific talent, in spirit, in social awareness, and in desire to serve. It is frustrating that these riches should so abound at a time when all hospitals are being pinched financially by other events. The many international committments by our national government, the crisis in the cities, and the plight of the poor have each demanded an increasing amount of our total assets so that hospitals are being forced to retrench. A review of the financial material elsewhere in this Annual Report clearly indicates that we are far from affluent. We must and are adjusting accordingly. To a few, current crises always seem more overwhelming than those of the past. To most, the present situation is the inevitable result of a whole series of external and internal events. To me personally, the situation, though not one I would have chosen, offers an opportunity to restudy the whole method for financing private institutions. I suspect we may emerge stronger than before as we develop the many possible alternatives for program and capital financing.

It is time for applying again the necessity-invention cycle. It is entirely fitting that the first century should end with a new set of problems to be solved.

Leonard W. Cronkhite, Jr., M.D.
General Director

REPORT OF THE CHAIRMAN OF THE STAFF

The Staff of the Children's Hospital Medical Center celebrates the Centennial of the founding of the Children's Hospital with deep appreciation to the trustees and administration. Mr. William W. Wolbach, President of the Hospital, Dr. Leonard Cronkhite, General Director, and Mr. Paul Hellmuth, Executive Vice-President and Chairman of the most effective fund raising campaign in our history, have translated hopes, plans and expressions of need into actual accomplishment. This is found not only in the completion of important structures but also in vast improvement in the plant as a whole. The Staff, and, we know, the patients and their families value greatly the improvement in care made possible by the magnificent new in-patient and out-patient facilities. Medical students and student nurses have benefitted greatly by these important changes. The proposed new research building is no longer a dream, nor merely a hole in the ground. The visible evidence of progress is accompanied by carefully laid plans prepared by those who will work in these splendid and badly needed facilities; plans for research grant support which should result in economic strength equal to the scientific soundness of the most ambitious research enterprise in the hospital's history. The prospect is all the more appreciated because of the long years of hope and planning which have gone into the research building.

Those who dream look forward to the ever-increasing list of diseases of early life which can be prevented, or which can be corrected by surgical or even new chemical and immunology principles. We see the day when most of the responsibility of a great Center for Children will be concerned with the maintenance of normal, in mind and in body. That day may be far away but it is conceivable that such a goal can be realized. Until it is, there will be constant increases in the great technical advances in the specialties of medicine, surgery, and laboratory science. There will be greater need of the skills and inspiration of fundamental scientists who will work with freedom in an environment where the pressing problems of disease and death are in the air. There will be increasing attention to the solution of the medical problems in the community in which we work and live, with involvement of the hospital in social and economic problems which the Children's Hospital of the past was unable to tackle because of lack of manpower, resources and acceptance of such responsibility. With the support and leadership of the trustees and the administration, the Staff will play an even greater role in its concern for the child and its family, not only here but indirectly and directly wherever the sick child may be. The changing role of the Hospital during the past hundred years could not have been anticipated by Dr. Francis Henry Brown and his colleagues. Those who come after us will look back 100 years from now and wonder at our preoccupation with matters of disease, public health, economics and sociology which by 2069 will long since have been solved.

In the Annual Report printed in 1959 the Staff Planning Committee described a development program for the 10-year period to end in 1969. It is pleasant to record that most of these plans have already been realized, and that some of these achievements are greater in both scope and conception. The Children's Inn-apartment house complex, the assumption of responsibility in the neighboring community by the Martha Eliot Center, and similar ventures underway are efforts for which the President, Trustees and the Director must accept special acknowledgement. On the immediate horizon are completion of the research building, and, within a few years, the next large structure to house clinical facilities without which many on-going and future programs could not flourish.

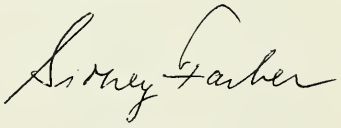
The 1959 ten-year recommendation of the staff for general strengthening in depth of the professional personnel of all departments and divisions of the Hospital has been fulfilled to a gratifying degree. Plans for the immediate future give promise of more complete fulfillment of these great hopes. There has been an increase in depth in many, but not in all, departments, and an increase, too, in the many specialties represented on the hospital staff. New professorships have been created at the Harvard Medical School with Children's Hospital resources. The recently created Cardio-vascular Center brought with it great strength under the leadership of Dr. Robert Gross and Dr. Alexander Nadas. Dr. Judith Folkman, the successor to Dr. Gross in the Department of Surgery, has already given evidence that top leadership in this important specialty of pediatrics will continue and grow. There have been losses at several levels in the staff, some because of lack of opportunity, which will be corrected when the building program is more complete. We are awaiting the recommendations from Harvard Medical School on the choice of Dr. William T. Green's successor in Orthopedic Surgery. The clinical tradition recognized internationally must be continued, and with the new resources for research we look forward to the beginning of a new era in investigation in orthopedic surgery. We are still awaiting the selection of the first James Gamble Professor of Research Pediatrics. A successor to Dr. Paul Losch in Dental Medicine is being sought. Dr.

Losch has made a monumental contribution in Dental Pediatrics and is known internationally for his innovations and contributions. It is pleasant to record the rapid progress made by Dr. Richard Robb and his colleagues in Pediatric Opthalmology. Under the completely dedicated leadership of Dr. Allen Crocker, the clinical activity in mental retardation has made a splendid beginning which awaits only proper Governmental support to make this enterprise flourish. An inspiring precedent has been set for the last 20 years in the field of cerebral palsy, under the leadership of Dr. William Berenberg, who has made such important contributions to the good of the Hospital as a whole. In the reports of individual departments and divisions can be found heart-warming evidences of progress throughout the Institution.

By the end of the academic year in 1970, Dr. George Gardner and Dr. Sidney Farber will give up their professional responsibilities in The Children's Hospital Medical Center and Harvard Medical School. The responsibility on the part of both the Medical School and the Hospital for choosing new leaders is one which carries with it the professional standing of the Hospital in its second century of history. We know that the quality of professional work is determined by our treasured relationship to Harvard Medical School. We are aware, too, that those who work in a hospital have as their first responsibility the delivery of the finest care possible and the discovery of solutions to the problems of disease which face us in the patients for whom we are responsible. Our educational effort can not be separated from these two responsibilities. The teaching of medical students, nurses, interns and residents is regarded by the Staff as a privilege which is, at the same time, a guarantee of the highest level of patient care and research. We are proud of the product turned out by our School of Nursing, under Miss Muriel Vesey, and of the contributions which are made by The Women's Committee and by hundreds and hundreds of people who give devoted service to the Hospital. Without the total hospital family there could be no greatness in the Children's Hospital, and so to the Administration and to the entire non-professional members of the Hospital family, the Staff expresses its deep gratitude.

The Staff is aware of the contributions over the past hundred years of the Trustees, and their Presidents, and of the devoted Administrators and members of the Staff. As we enter the second century of the existence of the Hospital we recognize that the accomplishments in behalf of children during the first century were made possible by human beings — men and women who gave of themselves and their worldly goods to the ever improved welfare of children. New conceptions arose from time to time at appropriate moments in the history of the Hospital. These gave new horizons and goals followed eventually, if not immediately, by acquisitions of resources sufficient to implement such hopes and dreams. As long as there are children with problems there will be men and women whose dedication will be to their welfare. The Staff looks forward to the second century with confidence that as long as the goal will remain fixed as the *total care* of the infant, the child, and the adolescent, men and women of sufficient stature will be found to make the achievement of that goal a reality. We are confident, too, that no matter what social and economic changes will develop during the next century, the total care of the child will not be neglected.

What a privilege for all of us has been this opportunity to participate in the work of this great Institution devoted to the young!



Sidney Farber
Chairman of the Staff

REPORT OF THE TREASURER

Between October 1, 1967, and September 30, 1968, the Hospital provided 113,320 days of care for 12,376 inpatients; and 173,715 visits to all of the out-patient services. Of this latter figure, 107,402 visits were to the 53 outpatient clinics, and 66,313 were to the medical and surgical services.

The cost of all this care, including education and research, was $25,023,075. Of these costs we were reimbursed from patients and government agencies $22,454,100. Our loss for the year after depreciation and support from investment income, United Community Services and other sources was $2,141,447.

Inflation and rising costs have outdistanced the Hospital's income. We have attempted to offset these factors through operating economies and efficiencies without encroaching upon our policy of providing the best care and treatment for sick children. The efforts to contain costs are constantly being eroded by economic factors over which we have no control.

It is clear that the problem of keeping income and expenses within reasonable limits is an urgent one. A vigorous attack upon our financial problems has been launched on two fronts; budgetary study and controls, and a reevaluation of the tempo of our programs for the future. The early months of new fiscal year indicate increasing economic pressures which make our efforts ever more difficult and our reviews of the utmost importance for the period ahead. We have confidence in the future and are facing the Centennial year with the knowledge and pride that our people will accept the challenge.

March 31, 1969

F. Murray Forbes, Jr.
Treasurer

CHILDREN'S HOSPITAL STATEMENT OF INCOME

for the years ended September 30, 1968 and 1967

	1968	1967
During The Period We Billed Patients	$15,686,242	$12,153,823
We Expended:		
For General Hospital	19,307,618	14,722,311
Research and Education	5,715,457	4,624,760
	25,023,075	19,347,071
Less—revenue received in support of research School of Nursing, overhead and other services	(7,482,033)	(6,137,927)
	17,541,042	13,209,144
Resulting Operating Loss Before Free Care Was	(1,854,800)	(1,055,321)
Allowances for Free Care Were	714,175	1,211,573
The Operating Loss Was	(2,568,975)	(2,266,894)
This Loss Was Partially Defrayed By:		
Income from Investments and Contributions	1,156,100	1,321,232
United Community Services	138,856	130,669
	1,294,956	1,451,901
Loss Before Depreciation Was	(1,274,019)	(814,993)
Depreciation on Plant and Equipment Amounted to	867,428	631,962
Resulting Loss from General Operations of the Center	(2,141,447)	(1,446,955)
Loss Attributable to Residential Complex (Note 4)	(117,773)	—
Net Loss Charged to General Fund Was	$(2,259,220)	$(1,446,955)

The accompanying notes are an integral part of these financial statements.

REPORT OF THE CERTIFIED PUBLIC ACCOUNTANTS

To the Board of Trustees
The Children's Hospital Medical Center
Boston, Massachusetts
November 15, 1968

We have examined the balance sheet of THE CHILDREN'S HOSPITAL MEDICAL CENTER (a charitable corporation organized in Massachusetts) as of September 30, 1968, and the related statements of income and fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We have previously examined and reported on the financial statements for the preceding year.

In our opinion, the accompanying financial statements present fairly the financial position of The Children's Hospital Medical Center as of September 30, 1968, and the results of its operations and changes in fund balances for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

BALANCE SHEET

September 30, 1968 and 1967

Assets	1968	1967
Cash	$ 1,699,060	$ 998,853
Accounts receivable, less reserve of $350,000 in 1968 and 1967	5,470,737	4,134,118
Inventories, at cost	199,391	186,445
Prepaid expenses and deferred charges	343,384	228,862
Total current assets	$ 7,712,572	$ 5,548,278
Investments, at quoted market value	32,666,537	31,133,021
Hospital Property and Equipment (Note 1)	28,957,857	19,581,414
Construction in Progress (Note 1)	2,827,925	6,108,024
Total Assets	$72,164,891	$62,370,737
Liabilities and Fund Capital		
Current Liabilities: Accounts Payable and Accrued Expenses	$ 1,535,780	$ 1,230,324
Mortgage Notes and Construction Loan	7,592,311	5,921,333
Reserve for Employees Insurance and Retirement Plan (Note 2)	1,140,292	908,039
Funds Held for Others	205,147	192,780
Special Purpose Funds	1,184,099	1,070,962
Fund Balances:		
General	11,884,950	12,872,629
Endowment	22,833,244	17,795,829
Capitalized Plant & Equipment	22,066,027	18,684,398
Construction in Progress	2,127,444	1,083,707
New Development Fund Drive	1,595,597	2,610,736
	$60,507,262	$53,047,299
Total Liabilities and Fund Capital	$72,164,891	$62,370,737

STATEMENT OF COMBINED FUND BALANCES

for the years ended September 30, 1968 and 1967

	1968	1967
Balance Beginning of Year	$53,047,299	$42,373,610
Net loss from statement of income	(2,259,220)	(1,446,955)
Restricted Endowment Fund income	200,197	142,226
Gifts and bequests to the General and Endowment Funds	1,483,743	3,051,878
Merger with the Hospital and Convalescent Home for Children	—	2,187,669
Merger with the Association of the House of the Good Samaritan (Note 3)	4,531,541	—
Contributions to the New Development Fund Drive	1,712,097	3,293,839
Expenses of the New Development Fund Drive	(130,685)	(287,501)
Appreciation of investments at quoted market	1,985,272	3,858,601
Other, net	(62,982)	(126,068)
Balance End of Year	$60,507,262	$53,047,299

The accompanying notes are an integral part of these financial statements.

NOTES TO FINANCIAL STATEMENTS

September 30, 1968

1. Plant Expansion Program

In connection with its major plant expansion program, the Center has entered into construction commitments aggregating approximately $25,778,000 of which $15,679,000 had been expended through September 30, 1968. The Center expects to finance this program with proceeds from the New Development Fund Drive, assistance from the United States Government and from commercial borrowings for which mortgage commitments aggregating $7,000,000 have been obtained. Through September 30, 1968, $6,391,000 had been borrowed against these mortgage commitments. Plant and equipment is stated at cost less depreciation (1968—$8,410,106: 1967—$7,626,505).

2. Employee Retirement Plan

The Center has a noncontributory retirement plan for all qualified employees with two or more years of service who have attained 30 years of age. The estimated annual cost of the plan, on the basis of present employment and salary levels, is approximately $200,000, including $76,000 for the amortization of past service costs which are being funded over a 25 year period. The plan is funded by assigning a portion of the Center's general fund investments for this purpose. At September 30, 1968, an amount equal to the reserve for employees' retirement plan ($801,315) had been so assigned. This amount is substantially equal to the actuarially computed value of vested benefits of the plan.

3. Mergers of Affiliated Organizations

During the fiscal year 1968, the Association of the House of the Good Samaritan, an affiliate of the Center, transferred its funds to the Center in accordance with the terms of Chapter 458 of the Acts of 1967 of the Massachusetts General Court which authorized the Association to merge with the Center. Cash and securities of the Association of the House of the Good Samaritan aggregating $4,531,541 were recorded in the accounts of the Center during fiscal 1968 in accordance with the restrictive provisions of the respective funds.

4. Residential Complex

During 1968 construction of the residential complex, a significant portion of the Center's major plant expansion program, was completed and became operational. Revenues from these facilities for a portion of this fiscal year amounted to $460,871. The cost of operating these facilities for the same period amounted to $578,644, resulting in a loss from operations of $117,773 during the period ended September 30, 1968.

STATISTICAL SUMMARY

	Admissions		*Patient Days*		*Increase*		*Percentage of Occupancy*	
Inpatient	*1968*	*1967*	*1968*	*1967*	*Days*	*%*	*1968*	*1967*
Total Hospital (*343 beds*)	12,376	12,133	113,320	111,404	1,916	1.7	90.3	89.0
Outpatient								
Clinic Visits (*including psychiatry services*)			173,715	154,697				
Special Services								
Operations			7,829	7,622				
Laboratory Tests			249,838	285,021				
Electroencephalograms			4,215	4,060				
Electrocardiology examinations			6,508	5,154				
X-ray films			145,005	139,636				
X-ray threapy treatments			4,580	4,324				
Physical therapy treatments			45,226	39,240				
Respiratory therapy services			129,641	111,352				

WOMEN'S COMMITTEE CHAIRMAN'S REPORT

The Women's Committee of Children's Hospital Medical Center, adjusting to the dynamic environment around it, has made basic and far-reaching changes during the year past, expanding its goals but attempting to retain the worthwhile traditions of the institution.

Of particular importance was a revision of the By-Laws concerning active membership; a long overdue move. Under the revision, all women who support and serve the Medical Center in a voluntary capacity are now eligible for membership in the Women's Committee. Prior to the revision, a minimum number of hours of service had to be accumulated.

To remain an Active Member, those in the Women's Committee must not only continue their service but also keep dues current and attend at least three meetings a year.

This move enables us to broaden our membership, attracting new members of diverse background and varied talents, which it is hoped will instill new vitality into the organization.

The increasing volume of business in the Gift and Lunch Shops, coupled with the resignation of the volunteer chairmen of these activities, made it desirable to put the general management of the shops into the hands of the Committee's Administrative Assistant. In addition, for the first time professional help was acquired for the Gift Shop. Indicative of the increased demand upon the shops is the fact that the Gift Shop, alone, saw an increase of $10,300 in net income over that of a year ago.

A new activity was instituted; a series of art showings in the Farley Lobby and Waiting area. The paintings have provided parents and other visitors with great enjoyment and an occasional sale has brought in additional revenue to the Committee.

Votable funds for the year were the largest ever, at $52,835. Major items of contribution were $30,000 to the REACH pledge, and $5,000 for loans, aids and grants for the Nursing Department.

The Executive Committee believes the organization must continually review its framework and programs in the light of changing hospital needs. Only by so doing can we properly serve the Medical Center and its patients.

Mary H. Gillette

Mrs. Howard F. Gillette
Chairman

WOMEN'S COMMITTEE OFFICERS 1968 - 1969

Chairman	Mrs. Howard F. Gillette
Vice-Chairmen	Mrs. Stephen Little Mrs. James G. Wheeler
Recording Secretary	Mrs. William K. Russell
Corresponding Secretary	Mrs. William R. Driver, Jr.
Treasurer	Mrs. Arthur H. Nelson

Executive Committee

Mrs. Robert P. Fitzgerald
Mrs. John C. Kiley, Jr.
Mrs. Joseph P. Richardson
Mrs. Norman B. Leventhal
Mrs. Edward J. Mitton
Mrs. Roger A. Perry, Jr.
Mrs. Albert A. Hittel
Mrs. Morton F. Spears
Mrs. Robert Sullivan

Members Ex-officio

Mrs. Kenneth W. Warren
Mrs. Byron K. Elliott
Mrs. David Wilder
Mrs. Chester C. D'Autremont
Mrs. Harold A. Levy

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(As of April 1, 1969)

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Julian D. Anthony
Neil R. Ayer
Sherwin C. Badger
Sherwood E. Bain
Nelson S. Bartlett, Jr.
Mrs. Nelson S. Bartlett
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Gordon F. Bloom
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Kenneth L. Isaacs
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Bessie Sperry, Ph.D., Chief
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EMERITI

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Edwin T. Wyman, M.D.
Physician, Emeritus

Trygne Gundersen, M.D.
Ophthalmologist-in-Chief, Emeritus

IN MEMORIUM

Mrs. Marie Schluter, a bookkeeper in the Dental Department since 1961, died July 16, 1968.

Thomas Prendergast, employee in Maintenance, died December 17, 1968.

Merion Pacheco, a long-term employee in the Pathology Department, died December 27, 1968.

George Sherman of Boston, a Trustee and benefactor of Children's, died February 20, 1969, at Safety Harbor, Fla.

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Friends of The Children's Hospital Medical Center often desire to express their appreciation for the treatment of patients and the charitable work done by the hospital by a contribution to the work of the Medical Center. Any information concerning the various needs of The Children's Hospital Medical Center can be obtained by writing or calling the Office of Resources and Development.

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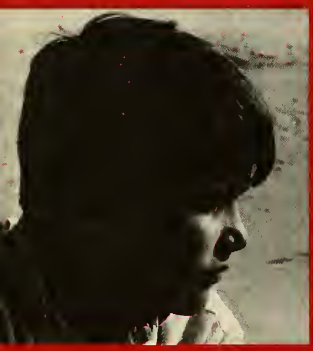

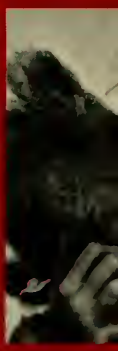

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